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EXCLUSIVE

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PPA ABC

> THE SECTOR HAS GONE FROM RESPECTED WITNESS TO CHIEF SUSPECT AS THE RECRIMINATIONS START ON THE LATEST ROUND OF STOCK SHORTAGES

Patients howling in despair after being told they must wait days for life-saving medicines. It's a harrowing scene you might expect to encounter in some war-torn, third world country. Yet it's something you'll witness every day in UK pharmacies in 2010.

The results of C+D's Stock Survey shame the NHS (p7). Over 40 pharmacists give specific examples of patients' health suffering because they simply can't get hold of the prescribed drug. From geriatric patients forced to catch three separate buses to track down their medicine to fits in epilepsy sufferers leading to hospital admissions.

Pharmacists should be applauded for speaking out on the human price being paid for the meltdown in the medicine supply chain. But instead, the sector has gone from respected witness to chief suspect as the recriminations start on the latest round of stock shortages.

You don't need to be Perry Mason to work out that the charge would centre on parallel trading. The practice is cited by manufacturers and the government as a root cause behind the shortages exposed by C+D's Stock Survey (p6). Parallel trading is our very own kryptonite. Just when the sector is starting to assert itself as a serious healthcare provider, someone will sling a parallel trade comment our way and watch pharmacists cower.

Yet it really is about time we quashed the bunkum over parallel trading. Once upon a time not so long ago the practice was the apple of the government's eye. Entrepreneurial pharmacists kept the NHS drugs bill down when the pound was strong. It smacks of hypocrisy then that a practice once revered is now so reviled because it's become less favourable to the UK Exchequer.

Parallel trading has also split opinion over ethics. Opponents say a sector bound by a code of ethics to put patient safety first can't then ship life-saving drugs away from these shores. The debate will rage on, but we should remind the wider world this is not a commonplace activity for most pharmacists.

Less than one in 10 in the sector parallel trades, according to estimates. Presumably with their high tech distribution models and data capture systems, big pharma can pinpoint who the traders are. But it doesn't seem to be happening.

Feedback from the frontline suggests quotas are rigorously enforced. Getting hold of just a couple of extra packs of medicine can turn into a lengthy and humiliating interrogation. Trust appears to have broken down here between pharmacy and big pharma. It can change and the C+D Senate has some suggestions as to how we start the reconciliation (p26).

Do so by establishing an honest, open dialogue then perhaps next year's C+D Stock Survey will reveal a more positive picture for us all.

Max Gosney, News Editor

Shortages soar as supply chain hits crisis point

EXCLUSIVE At least seven working days a year being spent per pharmacist chasing branded drugs, C+D Stock Survey 2010 reveals

Max Gosney
max.gosney@ubm.com

Stock shortages have soared with high profile government talks to solve the crisis making no impact at grassroots level, the C+D Stock Survey 2010 has revealed.

Over 80 per cent of pharmacists said getting hold of branded medicines was tougher than ever.

Sinemet, Femara, Zyprexa and Cipralex were named among the most difficult to obtain.

Nearly 90 per cent of pharmacists spent over an hour a week trying to source key medicines. The figure equates to seven working days a year spent chasing drugs.

Most said they were braced for worse to come in 2011, with 60 per cent predicting wide shortages.

The findings come despite an emergency stock summit called by the health secretary this March and six months of talks between the Department of Health (DH), manufacturers, pharmacy bodies and wholesalers. Eighty six per cent of respondents branded these efforts to solve shortages 'poor'.

Some respondents said more than 50 drugs were still out of stock at their wholesalers.

Pharmacists vented their frustration on manufacturers over the shortages. The quota systems operated by big pharma were unreasonable and unhelpful, said Bakul Patel of Kamsons Pharmacy in Rainham, Essex.

He said: "Some of them are ridiculous. You have to phone up and have your integrity questioned to get hold of a few extra boxes. If I'm doing something wrong then tell me about it – don't inconvenience my patients for no reason."

Manufacturers have blamed parallel trading of UK medicines to the EU as the cause of the shortages.

Mr Patel branded the defence a smokescreen. "Parallel trading has gone on for years, but while we were a net importer nobody minded.

"European pharmacists never suffered rationing like this when they were net exporters."

However, the government reiterated the link between stock shortages and parallel trading in its statement on the findings.

Pharmacy minister Earl Howe said: "We are taking forward the programme of work agreed earlier this year at the summit to tackle supply issues that arise due to a weak pound sterling and the resulting increase in UK medicines exported to Europe."

Manufacturers whose medicines feature on the PSNC shortages list also cited parallel trading as the cause of stock problems.

Novartis told C+D: "Novartis acknowledges the work of the majority of pharmacists in helping to manage the current medicine shortages... differences in medicine prices between the UK and other parts of Europe can lead to a small number of businesses and individuals ordering medicines to resell overseas for profit."

AstraZeneca said emergency arrangements would provide stock "within around 24 hours".

See more results from the C+D Stock Survey
www.chemistanddruggist.co.uk and analysis page 14

The supply chain verdict

Government view

"Medicine supply problems can occur for a number of reasons, such as manufacturing problems, difficulties in obtaining raw materials, regulatory issues, changes to manufacturers' distribution systems and from parallel trade.

"The introduction of contingency arrangements and the efforts of pharmacists and others in the supply chain helps ensure that patients receive the medicines they need."

Earl Howe, pharmacy minister

Wholesaler view

"The results of your survey are shocking and an indictment of what used to be an efficient and resilient medicines supply system for patients, doctors and pharmacists. Many of us have been warning that this situation might arise for some time now, but the regulators and authorities do not have the powers to intervene unless there is either a cost to the NHS or patient harm is proven. Now is the time for all of us who care about the supply chain to make our case, before it is too late."

Martin Sawer, executive director, BAPW

Pharmacy view

"Results of this survey on medicines shortages are extremely concerning. And I recognise that pharmacists will be spending precious time each day trying to source medicines – an activity which takes them away from direct patient contact and is completely unsustainable.

"At present, the effect on patients is being mitigated by the tremendous efforts of pharmacists. However, this additional workload will be putting huge pressure on frontline staff."

Helen Gordon, RPSGB, chief executive

ABPI view

"The ABPI also believes that the problem is worsening, despite joint efforts by the supply chain forum, and we have highlighted to government that fresh action is needed. Feedback from member companies confirms that pharmacies continue to order medicines that are in short supply using emergency arrangements. It is not uncommon to receive requests that may be pharmacists trying to build contingency stock or divert overseas."

Richard Barker, ABPI director general

C+D Stock Survey 2010 key findings

42
Accounts of patient suffering caused by shortages

82%
Of those surveyed said shortages had got worse in the last year

7
Number of working days a year most pharmacists spend chasing shortage drugs

72%
Said getting hold of medicines was harder if manufacturer ran a supply deal

Source: C+D Stock Survey 2010 (responses from 220 pharmacists)

Patients suffering as a result of shortages

Branded medicine shortages have triggered distress and suffering in patients with life-threatening illnesses, the C+D Stock Survey 2010 has found.

Forty two pharmacists gave their accounts of patient trauma ranging from "anxiety and distress" to hospital admissions.

Parkinson's and cancer sufferers were among the worst hit as several pharmacists reported difficulty sourcing Sinemet and Femara.

Of the more than 200 pharmacists surveyed, 27 per cent had known a patient whose health had suffered as a result of difficulty sourcing a medicine.

Over seven out of 10 respondents reported they were very concerned that their patients had been affected by drug shortages.

The results of the survey also showed 93 per cent of pharmacists have had to ask a GP to change a prescription because of problems sourcing a drug.

Head of policy at Macmillan Cancer Support Mike Hobday said: "Having to wait for medication is an additional worry that cancer patients do not need."

National education advisor for Parkinson's UK Daiga Heisters said the charity had encouraged patients to write to the director of Sinemet manufacturer MSD over shortages. MSD has warned over a global shortage because of a change in the source supply of the medicine.

Ms Heisters said: "People are still calling to say they can't get hold of Sinement, and in some cases the generic as well."

Femara manufacturer Novartis said it was supplying "critical" medicines direct after consulting with stakeholders.

MSD said it was in constant touch with the Department of Health, doctors, pharmacists and patient organisations on this matter "to advise them of the shortage and alternative measures". **HF**

Distribution deals to blame

Manufacturer supply deals designed to shore up medicine stocks have actually made it harder for pharmacists to get hold of drugs.

Over 70 per cent of pharmacists said it was harder to source products from pharma firms running distribution schemes, the C+D Stock Survey 2010 found.

Only 6 per cent said supply deals had improved access to medicines.

More than 20 manufacturers have launched bespoke supply arrangements since 2007, with most citing improved medicine supply to patients as a key reason to change.

Thirteen of the 19 manufacturers whose products either appear on shortages lists or are most frequently linked to shortages according to PSNC operate a supply model.

Three quarters of pharmacists said they waited three days or more for emergency stock to be delivered from a manufacturer, according to the C+D survey. **MG**

How shortages have hit patients

"We have had problems getting hold of Femara, and the woman was not at all happy. She was not angry, but worried, and we had to scrounge half a packet off another one of our stores. You now have to fax the details of the prescription off to Novartis, so it's very hand-to-mouth."
George Romanes, George Romanes Pharmacy, Berwickshire

"One of our patients needed Spiriva 2.5mg Respimat for his COPD, and though there are other versions available he couldn't use the inhaler. He ended up having to call an ambulance and go into hospital when he experienced breathing problems as a result of his drug running out."
Yasirali Pirmohamed, The Co-operative Pharmacy Birmingham

How are you coping? Are your patients affected or is there no problem? Share your stories max.gosney@ubm.com

Stock talk

"I'm annoyed at the attitude of the manufacturers. It was well known about five or 10 years ago there were a lot of parallel imports on the market. For them to cry wolf and say it's wrong for that to happen the other way round where we are supplying the drugs into Europe smells of a lot of hypocrisy."
Neeraj Salwan, Salwan Pharmacy, Johnstone

"I'm extremely annoyed and frustrated because although there has been much talk about it right up to MP level, there is a lot of talk and very little action. It has now become such a crisis point that we're losing out on huge amounts of money from it just through man hours."
Raj Rohilla, Richmond Pharmacy, Surrey

"It increases the workload no end, and the loser is the patient who has to wait longer than the norm. It's a lose-lose situation."
Raymond Hall, Raymond C Hall Pharmacy, Hull

"We can't be expected to know where every single product comes from, we aren't getting answers on the phones, we have to wait and the phones are constantly busy. The whole thing is a big time wasting exercise and we're still getting 90p for dispensing it."
Brian Deal, Ashwell Pharmacy, Hertfordshire

"We're trying to improvise as much as we can when we can double up on strength, but its very frustrating for us and the patients."
Lorraine Moore, Rowlands Pharmacy, Sunderland

Dispensary talk

Has your PCT cut any enhanced services in the past month?

"No, not as far as I am aware. We haven't had any notification of any services being cut."
Susan Youssef, Dean & Smedley, Littleover, Derby

"We don't do many services anyway. None have been cut, though we don't do enough enhanced services to start with."
Jazz Mann, Lloydspharmacy, Stockton Heath, Warrington

Web verdict

Yes – smoking cessation and minor ailments 0%

Yes – but only one of the above 23%

Yes – smoking cessation, minor ailments and others 8%

No – no service cuts 69%

Armchair view: Worryingly, more than one in four pharmacists has already seen at least one enhanced service cut in their PCT recently. And for one in 12, the cuts have extended beyond smoking cessation and minor ailments.

Next week's question:
Did you get a longer break than usual over the August bank holiday, or did you have to work? Vote at **www.chemistanddruggist.co.uk**

Death threat terror stuns Oxford pharmacist

Vandalism, intimidation and arson attempts leave staff fearful

Chris Chapman
chris.chapman@ubm.com

An Oxford pharmacist has been left fearing for his safety after a reign of terror that has seen death threats and vandalism at his pharmacy.

Pupinder Ghatora, of Woodlands Chemist in Oxford, said his life was threatened while at work on Friday, August 20. Then, that night, the pharmacy's lock was vandalised and white spirit poured through the door.

Notes warning "you'd better watch your back", were left on his delivery van, and a dispensing assistant was threatened by two men while walking home. And on more than one occasion, spent matches have been left outside the pharmacy.

The attacks come just weeks after C+D reported soaring levels of crime in London pharmacies (C+D, August 14, p6) and follow calls for more protection for the sector.

"It's scary," Mr Ghatora said of his situation, expressing concern that the matches outside his pharmacy were an arson attempt. "If this store goes up, it will kill the students that live above us... the worst thing is that it happens when we're not here. It's cowardice, it's just cowardly."

The pharmacy locks have had to be changed three times, Mr Ghatora added. A private security firm has also been hired and electronic shutters and CCTV installed to protect the pharmacy and its staff.

"It's costing me a fortune – I can't survive any longer," Mr Ghatora said, adding that customers had offered to contribute to security costs.

A spokesman for Thames Valley Police confirmed there had been multiple incidents reported at the premises in the past week.

Oxford Mail

Pupinder Ghatora: the cost of security measures could force him out of business

Pharmacies save £460m in advice, Finnish study finds

Community pharmacists save healthcare systems hundreds of millions of pounds a year by giving patients health advice over the counter, an international pharmacy conference has heard.

The finding follows promises from PSNC that it too is working to compile stronger evidence of the benefits of pharmacy services in England (C+D, August 28, p4).

According to a survey of 197 pharmacists in Finland, pharmacists helped avoid 6.2 million visits to a GP and 750,000 emergency visits a year by offering advice, improving adherence and correcting errors.

Pharmacists also helped slash prescription numbers by 2.6 million a year and prevented 123,000 inpatient nights in hospital in Finland, the conference of the International Pharmaceutical Federation in Lisbon heard on Wednesday.

Dr Erkki Kostiainen, of the Association of Finnish Pharmacies (AFP), said: "Although some of the evaluations are based on the opinions and experience of doctors and pharmacists... I see no reason why these findings should not be applicable to other countries."

The survey was carried out by the AFP and PricewaterhouseCoopers. **CC**

Cost cuts at wholesaler AH

Alliance Healthcare is consulting with staff over a number of cost-saving measures that could see more job losses at the wholesaler.

Redundancies may occur where efforts are being duplicated but would form just one part of a larger strategy designed to cut costs, C+D understands.

An Alliance Healthcare spokesperson said the wholesaler had advised employees of a decision, "to implement a number of cost saving initiatives across the business, which we believe will help to ensure our continued success in the current economic climate". **ZS**


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In brief

PCT INVESTIGATION

We reveal the good, bad and outright ugly side of PCT commissioning. See next week's C+D for more details.

Co-op profits soar

The Co-operative Pharmacy has reported operating profits of £18 million for the first half of 2010 – a rise of 26 per cent. The rise was attributed to improving efficiencies and controlling distribution costs through the Co-operative Pharmacy's National Distribution Centre.

Blackout warning

Patients with heart disease or epilepsy may be missed because of spontaneous blackouts being assessed inadequately, Nice has warned. New guidance says patients experiencing a blackout should have a medical history taken and their vital signs checked, and be asked for the specific circumstances that occurred before, during and after the suspected blackout.

MHRA recall alert

The MHRA has issued an alert as Abbot Medical Optics (AMO) is recalling two lots of AMO Complete multipurpose solution over concerns faulty caps may mean the products are no longer sterile. The affected products are product code 93505, 360ml, lot number AH01072, and code 93515, 240ml, lot number AH01225, both with expiry date April 2012.

For more on the above stories see **www.chemistanddruggist.co.uk**

C+D Senate calls for better big pharma link

Relationship clouded by stock shortage issues, think-tank hears

Hannah Flynn
hannah.flynn@ubm.com

Pharmaceutical companies and pharmacists need to put aside their differences and work together to ensure patient compliance, the C+D Senate has concluded.

The relationship is clouded by issues such as stock shortages, Senators agreed. And manufacturers felt messages could get confused as there were so many voices in the community pharmacy sector.

But both sides agreed positive steps could be taken. Medicines compliance could be an opportunity for a partnership, said Nick Lowen, director for commercial operations at GSK. Mr Lowen said: "Better use of medicines is going to be key to what the NHS wants to achieve."

His views were echoed by Pfizer's commercial director Steve Poulton, who said: "One of the things we recognise is that where pharmacy can provide a route to better use of medicine then we definitely support that."

However, the view was challenged by NPA chairman and pharmacist Ian Facer, who asked which party should make the first move in developing the new relationships. Mr Facer asked: "Should it be us going to them or them going to us?"

Rowlands area manager Debby Crockford questioned the strength of pharmacy's relationship with drug manufacturers following stock problems. "There's a lot of anger in some areas over shortages," she said.

Full C+D Senate report (p26), and see the video interviews online now

Clinical debate — C+D's Chris Chapman looks at the evidence behind the headlines

Mixtard 30 – the concerns

A few weeks ago I touched on several problems on the horizon in terms of diabetes care in the UK. Now the UK Clinical Pharmacy Association (UKCPA) has expressed concerns over one of the topics covered – the withdrawal of Mixtard 30 – and how it's going to hit patients and pharmacists.

Mixtard 30 is an intermediate-acting human insulin, used by around 90,000 patients in the UK according to Diabetes UK. Earlier this year manufacturer Novo Nordisk announced the medication would be withdrawn from December 31. However, the move is meeting resistance, with charities calling for a longer withdrawal period.

Now UKCPA has weighed in with its concerns.

The first problem is that the alternatives are not dose equivalent, requiring additional appointments for dose titration. Fortunately, guidance is available from UK Medicines Information (UKMI). Links to this information, which includes dose adjustment and administration advice, are available at www.chemistanddruggist.co.uk/cpdzone.

The second of UKCPA's concerns is that the alternatives are more expensive, hitting drug budgets already squeezed in the recession's belt-tightening. For example, switching from Mixtard 30 to Humulin M3 vials would cost an additional £8.20. However, the cost of cartridges for a reusable pen device of the two insulins is the same: £19.08. So while costs may rise for some patients, the switch doesn't necessarily mean an automatic hike in price.

The final concern raised by UKCPA is the use of an Innolet injecting device, which is useful for patients with visual impairment or manual dexterity problems. According to UKCPA, this could lead to a surge in demands on district nurses to help administer insulin to many patients currently independent.

The concerns are all valid and issues community pharmacists should familiarise themselves with going forward.

Some patients may already have begun their switch from Mixtard to an alternative, and doctors, patients and relatives may all ask pharmacists for advice.

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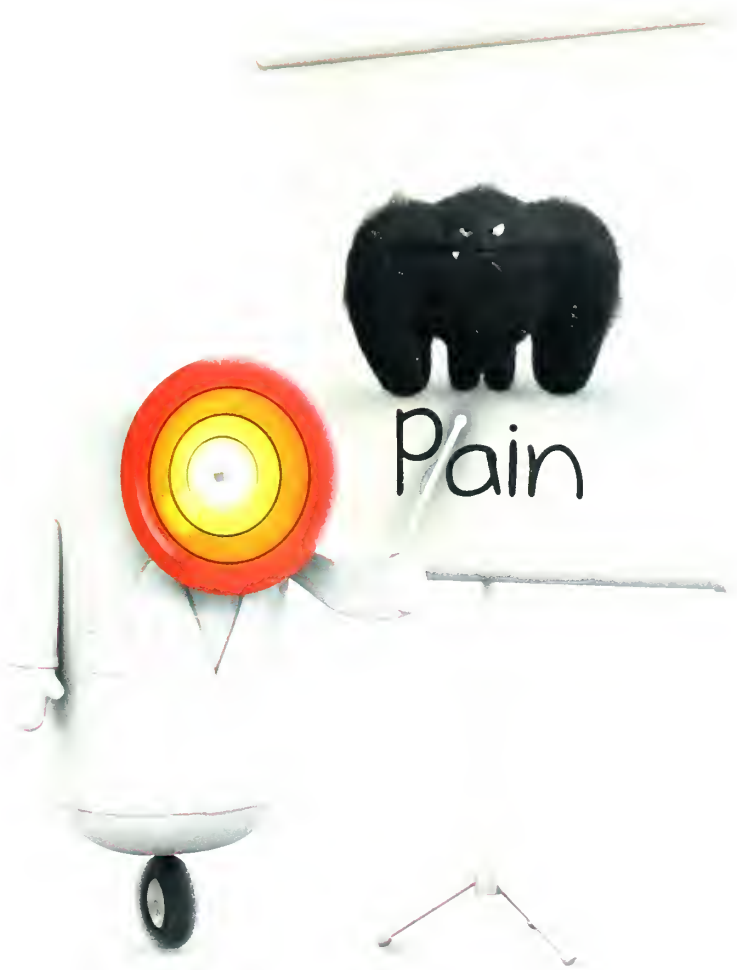

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The NUROFEN Academy of Excellence

Existing members should re-register using the same details

£500,000 for Astral campaign

Dendron has announced that Astral all-over moisturiser is set to be the focus of a £500,000 marketing campaign.

The campaign will include magazine advertising, and a website upgrade including a loyalty club, according to the company.

Dendron said that the company will develop product trials via its e-marketing database and through reader trials in magazines.

The move follows the 60th birthday of the heritage product this month.

Prices: £1.49/50ml; £4.19/200ml; £7.99/500ml
Pip codes: 272-5224; 290-9398; 025-3930
Dendron
Tel: 01923 205704

Market focus

- Skincare products, including suncare, were worth nearly £2 billion in 2009 – a yearly increase of 5 per cent.
- The sector accounted for 27 per cent of the total value of sales of toiletries.

Source: Key Note Toiletries Market Report Plus 2010

CoaguChek S off shelf soon

Roche Diagnostics has announced plans to remove CoaguChek S test strips and controls from the market over the coming 18 months.

The move is due to the significant increase in demand for the newer XS technology, the company says. Roche is offering an upgrade price for customers to move to the XS technology until November 30.

Roche Diagnostics
Tel: 0808 100 9998
www.coaguchek.co.uk

Gaviscon goes strawberry flavour for Reckitt Benckiser

Reckitt Benckiser has announced the launch of heartburn and indigestion remedy Gaviscon Strawberry Flavoured Tablets.

Reckitt Benckiser is supporting the Gaviscon range in 2010 with a media spend of over £11 million, with a television campaign for the strawberry tablets from November, according to the company.

The product will be available in blister packs of 16 and 32 and 'handy-packs' of 16.

Gaviscon Strawberry Flavour Tablets contain sodium alginate 250mg, sodium hydrogen carbonate 133.5mg and calcium carbonate 80mg.

Prices: £2.53/16; £2.81/16 handy pack; £4.44/32
Pip codes: 356-0745; 356-1305; 329-1309
Reckitt Benckiser
Tel: 0500 455456

Motilium gets fast melt formula

McNeil Products has announced the launch of a nausea relief product, Motilium Instants.

The product has the same indications as Motilium 10, but comes in a fast melt formula. This means there is no need to take them with water, McNeil says.

The product contains 10mg domperidone as maleate and a new indication of relief of nausea and vomiting of less than 48 hours duration was recently approved, according to the company.

Price: £4.67/10
Pip code: 356/2394
McNeil Products
Tel: 0808 238 9783

Senokot offers Comfort on TV

Reckitt Benckiser has announced the launch of Senokot Comfort, a constipation treatment.

The tablets have a dual effect as they relieve constipation and soften stools, according to the company.

Reckitt Benckiser is supporting the launch of the product with a television advertising campaign starting in November.

Senokot Comfort tablets contain a combination of ingredients including senna leaf 105mg, purified sulphur 50mg, rhubarb extract 25mg, and wood charcoal 180mg.

Price: £4.99/20
Pip code: 355-9325
Reckitt Benckiser
Tel: 0500 455456

Dermatology gloves launch

Mölnlycke Health Care has launched ready-to-wear glove product Tubifast Gloves with 2-Way Stretch Technology. The gloves are for use in wet or dry wrapping and for dressing retention with multidirectional stretch, which allows greater freedom of movement and comfort, says the company.

The gloves are available in four sizes and will replace the current Tubifast Gloves, which will be discontinued in the Drug Tariff from November 30.

Prices: £9.94
Pip codes: 357-1247/Adult M-L; 357-1254/Children M-L; 357-1270/Child Small; 357-1262/ Child Extra Small
Mölnlycke Health Care
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Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk
Adverse events should also be reported to Pfizer Medical Information on 01304 616161

References: 1. 2. 3. 4. 5. 6.

See results from the C+D Stock Survey 2010
www.chemistanddruggist.co.uk

Stock shortages: where does the sector go from here?

As the C+D Stocks Survey 2010 reveals shortages are still wasting valuable time and affecting patients, **Zoe Smeaton** asks if we're any closer to a solution and how we might get there

This time last year C+D's Stock Survey made national headlines as it revealed the distress shortages were causing, with some patients seeing their conditions deteriorate and even being admitted to hospital. Pharmacy leaders were shocked by the results and the industry was unanimous in its conclusion that something needed to be done.

Yet fast forward a year and the 2010 survey results seem all too familiar. Now 89 per cent of pharmacists say they spend at least one hour a week sourcing out-of-stock medicines – in 2009 the figure was 90 per cent. And after 89 per cent of pharmacists were "very concerned" patients would be affected by stock shortages last year, 71 per cent now say they are very concerned this has happened.

Pharmacists are certainly convinced things have not improved, as 82 per cent of those responding to the survey told C+D it had been harder getting hold of medicines in the last 12 months than in 2009. And industry leaders including the NPA and British Association of Pharmaceutical Wholesalers (BAPW) agree.

Perhaps most disappointing about this is the fact that, on paper, progress has been made and improvements should have been seen. The subject has been hotly debated with a range of possible solutions put forward, including the BAPW's suggestion that legal duties of supply are imposed on the supply chain. In March, the Department of Health (DH) held an emergency summit on the matter at which stakeholders from across the supply chain agreed to co-operate and adopt a range of measures to resolve the situation.

Furthermore, since the summit, C+D has reported that the department has been holding secretive talks with individual manufacturers in an attempt to resolve the crisis. But unfortunately all the talk seems to be just that, and benefits still aren't being seen on the ground. As Andy Murdock, pharmacy director at Lloydspharmacy, says: "It is a concern that we have yet to see any implementation following the ministerial summit in March." And Stephen Fishwick, head of external communications at the NPA, notes: "Talk is not enough".

But is there anything more the sector can do to help or to force a resolution to the problem? Pharmacists are already doing an excellent job. As Helen Gordon, chief executive of the RPSGB, recognises: "The effect on patients is being mitigated by the tremendous efforts of pharmacists." But while the professional bodies might recognise the impact on the sector, it needs more than that to bring change. Importantly, the BAPW points out: "The regulators and authorities do not have the powers to intervene unless there is either a cost to the NHS or patient harm is proven."

It seems obvious that patients are affected. Stories from the Stock Survey make for shocking reading as patients have been left without medicine for weeks at a time. The BAPW warns this could eventually increase costs for the NHS, but to the government the problem might not seem so obvious.

Professor David Cousins, head of patient safety for medication and medical devices at the National Patient Safety Agency (NPSA), agrees omitted or delayed medicines, which can be caused by shortages, are a "major risk to patient safety". But he also warns: "Although the NPSA is aware that medicine shortages are increasing, the National Reporting and Learning Service receive few patient safety incident reports relating to omitted and delayed medicines from community pharmacists."

It is hardly surprising that pharmacists are choosing not to spend time reporting incidents given the strain already on the sector, but without the collation of this vital evidence it may be impossible to convince the government just how much harm the situation is causing. And if reporting the problems forces a solution, it might just be worth the investment. Perhaps it could even be used to help obtain financial compensation for pharmacy's efforts. As Faisal Tuddy, commercial manager on Asda's pharmacy team says: "The contract negotiations between PSNC and the DH should fully consider the impact of these costs to pharmacy in the final settlement."

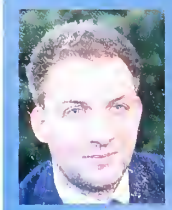
Given all the work done on the issue so far, changes from the DH and elsewhere should be forthcoming. As Mr Fishwick says, all the talk should have served to give a more rounded appreciation of the problem and so eventually lead to some practical improvements in managing the supply chain.

But to ensure that happens, it could be down to pharmacists and patients to start making more noise about the problem. C+D has already had reports of some going to their MPs about the issue, which might help raise awareness, and reporting the incidents could be another good step.

As the BAPW concludes: "Now is the time for all of us who care about the supply chain to make our case, before it is too late."

Your views

"We have carried out a stock shortages audit before and we're going to it again now because we suspect from anecdotal feedback that the situation hasn't improved. It's awful for some patients. We need a robust contingency supply and we haven't got it."
Mark Stone,
LPC pharmacist, Devon LPC



"Stock shortages are still a huge problem. If I'm honest, it doesn't feel much worse than last year, but that's not to say that's a good thing. I was hoping it would have improved by now."
Keith Howell,
pharmacy manager,
Delmergate Pharmacy, Kent

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Looking for a better return on my money

"AFTER AROUND £8,000 IN FEES, I FEEL I HAVE RECEIVED LITTLE IN RETURN BUT A SOCIETY MORE LIKE THE NATIONAL TRUST THAN THE NATIONAL HEALTH SERVICE"

As a pre-reg student I would look at my tutor's RPSGB certificate with envy and admiration. It was a large, old-style certificate written by Dickensian scribe with a quill and therefore illegible, but you knew the owner was a person of rare and important abilities.

I imagined registration as an ancient and hallowed ceremony, flames from braziers dancing through smoke of incense, the Society president, resplendent in flowing robes, hands me the scroll of alchemy, attesting that I had reached the level of journeyman apothecary. What I got was a man in a shiny suit, and a small plain A4 certificate that looked as if it came from WHSmith.

This came to mind as I read last week's C+D. Not the articles about GP systems taking over Rx Systems (a metaphor for our future, perhaps) but the footnote: General Pharmaceutical Council – four weeks to go – made me wistful for the old RPSGB.

There was no active branch in my area, so my only contact with the Society was the annual demand for fees, and the weekly delivery of the PJ. Like most pharmacists, I either left it in the wrapper, or turned to the jobs page and Statutory Committee reports.

It wasn't until I moved to take on my own pharmacy that I really started to understand how the Society worked. Deciding to change the name to Xrayser Pharmacy, I thought we'd take a lesson from the pharmaceutical industry about how to promote, so I called professional standards at Lambeth and asked about giving out pens and mugs bearing our new name. There was a stony silence, before the voice on the other end said: "You want to put the name of your pharmacy... on a mug?"

"Well, no, not a mug exactly," I backtracked. "I was really just phoning for some advice."

"Ah, no, I can't tell you what you can or can't do. But if there's a complaint, we will investigate."

And I guess that sums it up. After probably £8,000 in registration fees, I feel I have received little in return but a Society reactive, regressive, protectionist, more like the National Trust than the National Health Service. So I shed no tears to see the old world replaced by a new order, for the standing of a profession is down to the members, not any organisation. Let's hope the leadership body will take us places the Society could not.

Do you believe the PLB will offer what the Society could not?

haveyoursay@chemistandruggist.co.uk

Upholding standards and trust in pharmacy

As pharmacy gears up for the transfer of regulation, the GPhC has confirmed that its new corporate strapline will be "Upholding standards and public trust in pharmacy". This is a summary of what the organisation is for. So what's the thinking behind it?

Point 1: it's not about us. The words have been chosen because they encapsulate the impact that the GPhC is aiming to have in the world of pharmacy, rather than what happens at 129 Lambeth Road.

Point 2: standards are at the heart of everything we do. Registration, quality assurance, CPD and fitness to practise are all a means to an end. The outcome of what we do has to be that the right standards are being delivered to and for patients.

Point 3: it's not about the bare minimum. As a statutory regulatory body it is right that we have responsibility for assuring the core standards of proficiency, practice and conduct within the profession, and the equivalents for registered pharmacy premises. But standards that don't move forward risk going backwards. By committing to "upholding" standards we also recognise that we have an opportunity and responsibility to use regulation in a smart way to support positive improvements in patient safety and in the quality and effectiveness of care and services.

Point 4: people trust pharmacy. Public trust is essential, it's invaluable, but it can also be vulnerable, and it needs to be justified. The public have high levels of trust in health professionals. The public also assume somebody somewhere is making sure this trust is not misplaced, because the standards and quality assurance are there to underpin the trust. As an independent regulator, the GPhC has the added advantage that it can offer assurance to back up public trust.

Point 5: we're talking about professional pharmacy in the broadest sense. We will be regulating registered pharmacy premises and registered pharmacists and pharmacy technicians, whether they work in community pharmacy, hospital, primary care, management roles, research, academia or anywhere within a very broad and inclusive definition of 'pharmacy'.

The strapline upholding standards and public trust in pharmacy underscores the very reason for our existence. It's why the GPhC gets out of its corporate bed in the mornings. But we cannot achieve these aims alone. In all these themes there is common ground between us as the regulator and you, the professionals. We want to work with you to uphold the standards you aim to maintain within pharmacy, and the trust that the public place in you.

Duncan Rudkin is chief executive and registrar of the GPhC

Will an independent regulator benefit pharmacy?

haveyoursay@chemistandruggist.co.uk

"THE STRAPLINE UNDERSCORES THE VERY REASON FOR OUR EXISTENCE. IT'S WHY THE GPhC GETS OUT OF ITS CORPORATE BED IN THE MORNINGS"

What do you think?
haveyoursay@chemistanddruggist.co.uk

The Conservatives are making me sick

The people wanted a new government and now they've got it. It's a coalition, yet ironically it's more like a Chinese government with the Conservatives the central committee and the Liberal Democrats there only to take responsibility for distasteful policies and able only to agree; not to do anything. Be clear, the big ticket event of this parliament – the emergency budget – is not about tackling the country's deficit, it is merely an announcement of the return to Conservative values.

The hypocrisy was palpable as the Chancellor got to his feet promising to recharge the public coffers depleted by Labour in its 13-year redistribution of wealth. I know I am sounding positively Marxist and a touch petty, but lost in all of George Osborne's budget hype was the fact that, in a time of dire financial problems, duty on cigarettes and alcohol were left untouched. This cannot be an accident since duty increases on fags and booze are how most governments get by. Indeed for many of my patients there was something to celebrate; a promised hike in duty on cider was scrapped altogether.

Public health should not be party political but the Conservatives do not appear to appreciate that public health is inextricably linked to poverty, education, housing, nutrition, etc.

The plan to remove the Food Standards Agency (FSA) and more or less hand food regulation over to the food industry is bad enough, but the Conservative-supported broadside in the European Parliament on food labelling regulations was a shocking intervention.

The FSA and health charities had hoped the traffic light food labelling scheme would be introduced Europe-wide but following intense lobbying by major food manufacturers, and support from the Conservatives, it was thrown out by the European parliament in favour of guideline daily amounts, a food labelling scheme that even someone with a PhD would find difficult to understand. As a society it is a fact that we are getting fatter and this is making us sicker Therefore laissez faire for the junk food industry is certainly not going to reduce the prevalence of type 2 diabetes.

The Conservatives denied the existence of social inequalities in health back in the 1980s when the Black reports and the north south divide first unmasked the issue. So it is such a tragedy that now, rather than having changed their views, they are adopting and supporting the very policies that created health inequalities in the first place. The Conservatives are making me sick.

Terry Maguire is a community pharmacist in Northern Ireland

Are Tory policies promoting inequality?
haveyoursay@chemistanddruggist.co.uk

"IN A TIME OF DIRE FINANCIAL PROBLEMS, DUTY ON CIGARETTES AND ALCOHOL WERE LEFT UNTOUCHED. THIS CANNOT BE AN ACCIDENT"

Finance Zone

The Finance Zone

PART 8: When to expand – and raising finance. Richard Baker explains what you need to consider

The decision as to whether to expand your business is a significant one, but when is the right time? The four key points that indicate it is the right time to expand are:

- the right acquisition opportunity has presented itself to you
- the acquisition fits in with your strategy for your business
- you are in a position to raise finance without putting strain on your existing business
- you have sufficient time and resources to manage the acquired, as well as the existing, business.

The ideal acquisition opportunity is a business you know already. Knowing the business owner and the area in which it operates gives you a huge advantage in deciding whether the opportunity is right for you. If you don't have this knowledge it's not a major problem, but it does mean more research and homework.

An important point that shouldn't be underestimated is whether you have sufficient time and resources to manage the combined business. If you are short of time to manage the business you have, you need to seriously consider whether you need further help or manpower to cope with the combined business – and the impact of this on your finances.

Assuming you have found the right opportunity, the next step is raising the finance. When approaching any financier you will need to have prepared forecasts and a business plan to support your decision to pursue the acquisition. You will save money on professional fees if you obtain as much financial information on the target business as you can.

You may decide to prepare forecasts and a business plan yourself, but a good accountant will be able to review these and make some constructive observations, which will help you to present the information in the format the financiers require.

When working on the figures, remember that the structure of the acquisition could impact on the funds you need. For example, in certain situations you will not receive any payments from the NHS for two months after you acquire the business and this must be factored in.

The credit crunch has meant that it is much more difficult to raise finance than previously and it may mean that you have to consider a number of alternative options in both the provider you use and the type of finance you need. For example, a number of providers now offer finance secured on your outstanding NHS income. The decision process from the financiers' point of view is now generally much longer so it's important not to leave this until last on your to-do list.

Richard Baker is a partner at accountancy firm Horwath Clark Whitehill

Richard Baker: draw up a business plan to support your acquisition

Horwath Clark Whitehill

NEXT MONTH
Pharmacies and VAT

Update
Your weekly CPD revision guide

60-second summary

Why read this article?

The Department of Health and the World Health Organization recommend that all babies are breastfed exclusively for the first six months of life, and alongside complementary foods for up to two years. Use this article as CPD to enable you to answer questions from mothers and give advice on any problems that may occur.

How often should mothers breastfeed?

During the first few weeks a baby should be fed around every two to four hours. Mothers should be advised to follow the baby and their individual needs, as a breastfed baby cannot be overfed. Signs a baby is feeding well include the baby being calm between feeds, gaining weight, producing eight to 12 wet or soiled nappies over 24 hours and passing soft, yellow stools.

What problems may occur?

Problems include engorgement, mastitis, blocked ducts, thrush, sore or cracked nipples and leaking breasts. The majority of problems can be resolved without therapy, although antibiotics or antifungals may be required.

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Breastfeeding

Establishing feeding and the problems that may occur

Katharine Gascoigne MRPharmS

The Department of Health (DH) and World Health Organization (WHO) recommend babies are exclusively breastfed for the first six months of life. Indeed, the WHO states it is now certain breastfeeding decreases childhood mortality and has benefits that extend into adulthood, and recommend that with appropriate complementary foods infants should continue to be breastfed up to two years. Breast milk provides all the energy and nutrients an infant needs for the first months of life and continues to provide up to half a child's nutritional needs during the second half of its first year, and up to a third during the second year.

In order to establish and sustain exclusive breastfeeding for six months, WHO and UNICEF recommend:

- initiation of breastfeeding within the first hour of life
- no additional food or drink, including water, is given
- the baby is fed on demand (ie as often as the child wants)
- bottles and pacifiers (dummies) are not used.

Milk production

Once the baby and placenta have been delivered, the levels of oestrogen and progesterone decline rapidly. Prolactin released from the pituitary gland stimulates the production of milk in the breasts, which are made up of adipose and secretory tissue. The fatty tissue supports and protects 15 to 25 lobes made up of individual alveoli, which produce milk and swell to hold it until required.

As well as prolactin, the pituitary gland releases oxytocin when the baby touches the breast, which stimulates contraction of the alveoli and forces milk into ducts that drain to the nipple. This is called the let-down reflex. Let-down may also occur when the mother hears her baby's cry or when they think about the baby or feeding. Different women feel the let-down reflex in different ways. Some feel a slight tingling, some feel pressure and discomfort while others feel nothing at all.

For a few days after birth the breasts produce the first milk, which is called colostrum. This is a clear, yellow secretion that is rich in proteins, fats and minerals. It is the same fluid that may have leaked from the mother's nipples during pregnancy. Colostrum is only produced in small amounts, and provides all the baby's nutritional needs as well as containing high levels of maternal antibodies and lactoferrin, which has antimicrobial activity.

Mature breast milk begins to be produced around three days after birth, and the breasts start to fill. There are two types of breast milk. Foremilk is the first milk to come out of the breast at each feed. It is thin and watery, high in lactose and quenches the baby's thirst. Hindmilk follows, which is thicker, rich in fat, more nutritious and satisfies the baby's hunger. A baby needs both types of milk so it is recommended they feed fully from one breast before changing to the other.

Duration of feed varies, but during the first few weeks a baby should be fed around every two to four hours. Mothers should be advised to follow the baby and their individual needs. A breastfed baby cannot be overfed.

Mothers who worry their newborn isn't getting enough milk may be reassured that as long as their baby is producing eight to 12 wet or soiled nappies over 24 hours, is passing soft, yellow stools, gaining weight and is calm between feeds, they are feeding well.

Problems associated with breastfeeding

Engorgement Most women experience some degree of breast engorgement when their milk comes within a few days of giving birth. The breasts become swollen and hard, may appear red and hot to touch and can feel very sore. With regular feeding the amount of milk produced adapts to the needs of the baby and this problem is usually resolved. On occasions when the mother is unable to feed her baby, such as when she is ill or during weaning, these symptoms may recur. Encouraging the baby to breastfeed on demand while properly positioned is the most effective method of treating and preventing engorgement, as well as most other feeding problems. Alternatively, engorgement may be relieved by expressing a small amount of milk by hand or with the aid of a breast pump.

Mastitis/blocked ducts It is common for breastfeeding mothers to experience blocked milk ducts at some point. A red, sore patch on the breast develops. Usually the blockage may be cleared by altering the position in which the baby feeds, creating a more satisfactory latch to draw properly from the breast. The mother should be advised to start each feed from the affected breast, as this is when the baby sucks hardest. Expressing some milk may also clear the blockage. A warm flannel or cold cabbage leaf inside the bra will ease discomfort and gently massaging the breast while feeding may also help.

In some cases the pool of milk behind the blockage may become infected and mastitis

develops. Staphylococcus on the mother's or baby's skin enters a cracked or sore nipple and spreads into the breast tissues, causing a painful hot red patch and flu-like symptoms. If caught early treatment is with antibiotics such as co-amoxiclav or cephalexin. The mother should be encouraged to continue breastfeeding or expressing to relieve the pressure. Infections may lead to an abscess, which requires surgical drainage.

Sore/cracked nipples Many women find that their nipples feel sore when they first start breastfeeding. If they go on to bleed or crack, it usually indicates a problem with the latch. To achieve the correct latch the baby should take the whole of the nipple and most of the areola into its mouth.

Rubbing a few drops of breast milk or applying a smear of white soft paraffin or purified lanolin to the nipple aids healing. Paracetamol or ibuprofen may be safely recommended to ease discomfort but it is important the breast is still drained, either by feeding or expressing, to prevent engorgement.

Thrush Once breastfeeding is established any unusual nipple or breast pain may be caused by thrush infection. Thrush usually only affects the nipples, causing soreness and giving them a pink or red shiny appearance. In some cases it may spread into the breast along the milk ducts. This is known as ductal thrush and can cause deep pain within the breast, although it is common for the mother to experience no symptoms at all.

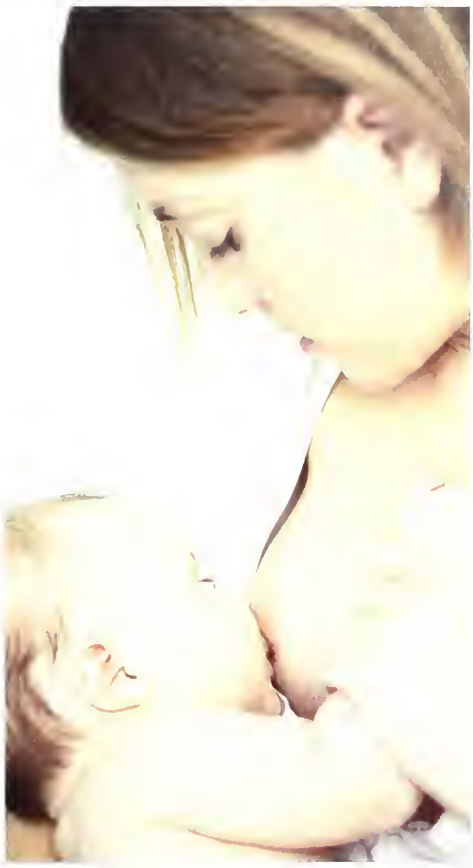
If thrush is present in the mother it is often present in the baby. Symptoms include a reluctance to feed and white spots in the mouth, which reveal a raw area if rubbed. Miconazole is the treatment of choice for both the mother and baby, who should be treated at the same time. Oral fluconazole is often prescribed in more severe infections but is not licensed for this indication.

Leaking breasts Many women find that milk leaks or sprays from their breasts when they are not feeding. This tends to occur when the breasts are full and may be brought on by the sight of a baby or hearing a baby's cry. It can be an embarrassing problem which may lead to the mother giving up breastfeeding. Breast pads are available to place within the bra to absorb any leaks. They should be changed once they become damp to prevent the growth of bacteria.

Diet

Breastfeeding uses around 500 calories a day, which should come from a healthy balanced diet. The DH recommends breastfeeding mothers take a daily supplement of 10mcg of vitamin D. There are no foods that must be completely avoided while breastfeeding but it is advised that oily fish intake is limited to two portions a week and, as with all adults, no more than one portion of swordfish or shark be eaten a week (due to their high mercury content).

It is important to maintain a good fluid intake, although caffeine intake should be reduced as its presence in breast milk causes irritability in the baby. Alcohol also passes into breast milk, so it is recommended mothers stick to the same guidelines that exist for alcohol intake during pregnancy – no more than one or two units consumed once or twice a week.



Babies should be exclusively breastfed for the first six months of life, the DH and WHO recommend

Drugs

Nicotine is present in the breast milk of mothers who smoke, who should be advised to stop smoking. If the mother chooses to continue to smoke, she should be advised not to do so before a feed to reduce the baby's exposure to nicotine.

Very little information is available on the safety of breastfeeding while taking medication. Most drugs pass into breast milk, but the majority of OTC and prescription medicines are considered to be compatible with breastfeeding. However, there are a number of drugs whose presence in milk is known to be harmful and whose use in breastfeeding is contraindicated. These include codeine, amiodarone, iv/oral chloramphenicol, long-term course tetracyclines, lithium, high dose vitamin D, aspirin and ginseng. Some drugs affect breastfeeding itself by inhibiting the infant's sucking reflex, such as phenobarbital, or by affecting lactation, for example bromocriptine.

Drugs that are commonly used in infants or have a history of use in breastfeeding are a good choice.

If a medication is deemed necessary but is contraindicated in breastfeeding, it may be possible to delay therapy or temporarily withhold breast milk. If absolutely necessary it may be advisable to stop breastfeeding.

Contraception

Many women believe that breastfeeding protects against pregnancy. The lactational amenorrhoea method (reliance on the absence of periods while breastfeeding as a form of contraception) is thought to be 98 to 99 per cent effective. However, this is only true if the baby is being breastfed on demand, without supplements or the use of a dummy and the baby is less than six months old. Its effectiveness is reduced beyond six months as weaning starts. To completely avoid the risk of conception additional use of condoms or a diaphragm may be recommended. The mother must also bear in mind that ovulation and therefore pregnancy may occur without first having a period.

As oestrogen suppresses lactation, combined oral contraceptives are contraindicated while breastfeeding. The progestogen-only pill may be used safely from three weeks post-delivery.

Stopping breastfeeding

There will come a time when the mother will wish to reduce or stop breastfeeding. If the mother is returning to work, it is not necessarily the case that breastfeeding has to end. By law, employers have to allow mothers time to breastfeed their baby, although this is not always practical. Breast pumps are available to express milk from the breast, which may then be fed to the infant via a bottle or cup. This enables the child to receive all the benefits that breast milk provides without the mother actually having to be present, and may be an option for women who need to be away from their child for short periods of time.

If it is decided to stop breastfeeding altogether, the baby should be changed to an appropriate formula milk, or cow's milk if over 12 months. It is recommended breastfeeding is gradually reduced by dropping a feed every few days to reduce the risk of engorgement, with milk production ceasing completely within weeks.

Katharine Gascoigne is a part-time locum and pharmacy writer.

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the Stroke Update this Update article online (+20)

Other sources of information

- www.nhs.uk/Conditions/Breastfeeding
- www.nctpregnancyandbabycare.com
- www.laleche.org.uk
- www.babycentre.co.uk/baby/breastfeeding

References

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- www.nhs.uk
- www.breastfeedingnetwork.org.uk

NEXT WEEK
Top tips on how to improve medicines adherence

Breastfeeding

How does the constitution of foremilk and hindmilk differ? What are the symptoms of mastitis? Which drugs are contraindicated for breastfeeding mums?

This article describes breastfeeding and includes information about milk production and common problems such as engorgement, mastitis, sore nipples and thrush. It also discusses diet, contraception and the safety of taking medication while breastfeeding.

- Find out more about breastfeeding on the Clinical Knowledge Summaries website at http://tinyurl.com/breastfeeding01.
- Find out more about breastfeeding problems such sore nipples, mastitis and thrush from the NHS Choices website at http://tinyurl.com/breastfeeding02 and http://tinyurl.com/breastfeeding03.
- Read more about diet during breastfeeding and how some foods may affect the baby on the Babycentre website at http://tinyurl.com/breastfeeding04.
- Read the information about the safety of drugs in breastmilk on the Breastfeeding Network website at http://tinyurl.com/breastfeeding05. Print out any leaflets that may be useful for your patients.
- Revise your knowledge of contraception during breastfeeding on the CKS website at http://tinyurl.com/breastfeeding06.

Are you now familiar with breastfeeding and the problems that can occur? Could you give advice about sore nipples, mastitis and thrush? Could you advise about taking medication whilst breastfeeding?

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Practical Approach

What's the best way to treat cracked heels?

At the Update Pharmacy, a middle-aged woman has been perusing the foot aids section for some time and is looking rather confused. Hannah, senior medicines counter assistant, has noticed and approaches her.

"Hello Mrs Dunstone," she says. "Can I help you?"

"I'm looking for a good cream for sore heels and I don't know which one of these to choose," Mrs Dunstone replies.

"Is the skin cracked?" Hannah asks.

"A bit, but you can have a look for yourself, I've got no tights on and I'm wearing backless sandals," says Mrs Dunstone, bending a leg up behind her.

Hannah takes a look and says: "You've got a quite a lot of hard skin and a couple of quite deep cracks there. I think you ought to have a word with Mr Spencer. Take a seat in our consultation area over there and I'll send him out to you."

"What I'd like to know," Mrs Dunstone says to pharmacist David Spencer as he is examining her heels, "is how I've come to get this. I think I look after my feet quite carefully."

"Well," David replies, "it's a bit like if you push down on a tomato from above. It tries to expand sideways and eventually the skin cracks. That's what happens to the pad of fat under your heel as your body weight pushes down on it.

"Having dry skin makes cracking more likely, and there are several other contributory factors. I'll tell you about those and we'll see if we can find you something good to treat it with."

Questions

1. What factors contribute to the likelihood of cracked heels?

2. What treatments for cracked heels are available from the pharmacy?

3. When should cracked heels be referred to a doctor or podiatrist?

Answers

1. Drying conditions, eg warm weather, central heating.
- Predisposition to dry skin conditions, eg atopic eczema, psoriasis.
- Paradoxically, wet skin from excessive sweating or spending a lot of time in water, which lowers tensile strength of skin and predisposes to cracking.
- Wearing open backed shoes – no support provided to prevent heels from spreading under downward pressure from the body.
- Diabetes, causing autonomic neuropathy; hypothyroidism, causing lowered metabolic rate. Both lead to reduced sweating and dry skin.
- Peripheral vascular disease, causing loss of skin elasticity.
- Excessive weight, increasing downward pressure on heels.
- Prolonged standing, especially on hard floors.
- Thin soled shoes.
- Foot conditions, including heel spurs and flat feet, which affect gait.

2. Emollients, used regularly, to rehydrate the skin – several products are marketed specifically for cracked heels. Ointments, being more occlusive, may be preferable to creams. Wrapping clingfilm over the heels further increases occlusion. Some products contain urea to increase hydration. There is also a hydrocolloid based product. A pumice stone can be used to reduce the thickness of hard skin.

3. When OTC products are ineffective.
- If fissures are deep, painful to stand on or bleed.

Got an idea for a Practical Approach scenario or would you like to write one? Email your suggestion to: **haveyoursay@chemistanddruggist.co.uk**

For more Practical Approach scenarios, go to **www.chemistanddruggist.co.uk/practical approach**

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CATEGORY FOCUS

Women's health

Make sure your pharmacy is equipped to deal with women's health conditions and you could capitalise on this lucrative market. **Kathy Oxtoby** reports

Pharmacy is often the first port of call for women for healthcare advice, more so than for men, according to the results of last year's Department of Health consumer research. The research also showed women will often visit the pharmacy not just for themselves, but for their partner's and their children's health.

"Compared to men, women tend to take a more active role in their health," says Elaine Evers, pharmacy manager at Lichpharm Midcounties Co-operative Pharmacy in Staffordshire. To build on that customer loyalty "community pharmacy must reinforce a caring image and ensure their customers recognise them as a one-stop shop for all their health and beauty needs", advises Rob Jackson, UK pharmacy shopper based design manager for P&G PharmacyCare.

Pharmacists also need to be up to speed with the fast pace of change in women's health products. Increasingly more medicines are becoming available without a prescription; for example, tranexamic acid is now available through pharmacies under the brand name Cyklo-F, for women with a history of regular heavy menstrual bleeding.

As well as being knowledgeable about the women's products they sell, pharmacists should also offer further advice and information as appropriate, advises Ms Evers. "There's a lot of confusion and misinformation about women's health conditions out there, so pharmacists can help by giving evidence-based advice on treating or reducing symptoms of women's health conditions, such as the menopause, or by checking that cystitis remedies are suitable for the individual patient."

Pharmacists are also well placed to identify warning symptoms – such as pain or bleeding after intercourse – and to signpost women to the appropriate source of support, such as their GP or family planning clinic, says Boots pharmacist Angela Chalmers, who manages the multiple's Holloway Road branch in London.

As well as focusing on symptoms and cures, Ms Chalmers stresses the importance of giving lifestyle advice to women. "It's not just about offering tablets – it's about 'how can I add to the quality of life of this woman through, say, advice about nutrition or by looking at their emotional wellbeing?'."

She adds: "As pharmacists we should never underestimate the power of giving customers good advice. The woman you spend time with who wants a discreet word about a condition will trust you and tell her friends."

Mum's the word

Discretion is a key word for women's healthcare, agrees Emma Charlesworth, Numark's retail excellence manager. "Feminine health is sometimes a bit of a taboo subject, and is often seen as quite an embarrassing topic to discuss.

"Always remember that your customers may also be feeling this strain so remember to be discreet and compassionate."

Women may feel embarrassed talking about common complaints such as thrush and cystitis, so Ms Chalmers advises pharmacists to promote the consultation room as a place where women can discuss these and other health issues in private and in confidence. Pharmacists should also ensure staff are trained to be discreet and to be empathetic with their customers so they understand what they are comfortable discussing, she believes.

"Some women are fine to ask for a combi thrush treatment over the counter, while others don't particularly want to use the 'T' word, so you need to gauge what their needs are," she says.

Pharmacies can also play a vital role in raising awareness about such sensitive conditions like cystitis. According to Angela Lloyd, marketing manager for Actavis UK – which last month launched a digital and social media campaign for its cystitis brand Cymalon – the condition is an "untapped market where consumers are dealing with it in different ways not realising that there is treatment out there".

Many women expect pharmacies to stock specialist products to meet their needs, says Susan Woodhead, category insight controller at Lil-lets. "Within sanitary protection, this may mean those women with heavy periods, older women, women post-birth or mums seeking advice for daughters," she says. Ms Chalmers stresses the importance of pharmacy having the right selection of all different flow types and of stocking big brand products that customers can buy while doing other medicines shopping.

Women's categories, P&G's Mr Jackson advises, should be located away from the men's section to enable men and women to browse the relevant fixtures without embarrassment. Pharmacists may also want to create a women's or beauty section, with associated categories, such as skin, hair cosmetics, feminine care and fertility, he suggests.

Effective displays

Given that the women's health category is particularly sensitive, "effective merchandising is essential when considering the customer and making self-selection as straight forward as possible", advises Ms Charlesworth.

Key subcategories should be positioned within either the P or GSL medicines section within a women's health category, she suggests.

For women's health tips and more case studies, see C+D's website
www.chemistanddruggist.co.uk

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* Independent research on 3 in 1 Conditioning Shampoo + Advanced Conditioning Defence Spray. August 2008

Market changes 2009-10 Cystitis

Total market value £4,701,425	↓	4.1%
Pharmacy* £3,227,278	↓	6.8%
Grocery £1,439,785	↑	3.2%

Feminine care/ lubrication jelly

Total market value £25,489,086	↑	1.9%
Pharmacy* £16,289,439	↑	6.2%
Grocery £8,940,655	↓	5.1%

Pregnancy test kits

Total market value £44,128,556	↓	2.1%
Pharmacy** £11,102,990	↓	16.6%
Grocery* £32,121,468	↑	3.8%

Ovulation test kits

Total market value £5,418,498	↑	0.2%
Pharmacy** £622,054	↓	24.8%
Grocery* £4,796,444	↑	4.8%

Sanitary protection

Total market value £258,743,328	↓	3.2%
Pharmacy** £13,194,489	↓	16.4%
Grocery* £209,726,528	↓	2.1%
Other outlets £35,822,311	↓	3.1%

*includes Boots and Superdrug
**excludes Boots and Superdrug

Source. SymphonyIRI Group, 52 weeks to July 11, 2010

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Pharmacists should always merchandise GSL products on open display to facilitate self-selection. "You may not realise how many customers you are actually losing through them simply not being able to find an appropriate product and being unwilling to approach the counter for advice," she says.

But Ms Charlesworth adds that the fact that many of the more effective preparations tend to be merchandised behind the counter "lends itself nicely to support interaction with the customer – enabling community pharmacists to play to their strengths".

She suggests pharmacists might also consider dual siting some of the GSL products within other female health categories; for instance, merchandising cystitis treatments alongside the vaginal care products within the sanitary protection category. This may instigate additional impulse purchases from long-term sufferers.

By having effective displays, stocking a wide range of products and ensuring that staff have knowledge, insight and sensitivity about the female health category, pharmacists can build loyalty and boost footfall. And by offering women lifestyle advice they can also make a positive difference to their health and wellbeing. As Ms Chalmers says: "You might be offering a female customer information about something she doesn't want to hear, or something she's never even thought about, but that information could change her life."

Product Watch

Freederm Deep Pore Cleansing Wipes

Manufacturer: Dendron
Classification: Cosmetic
For: preventing spots
Active ingredients: deep-cleansing anti-bacterial action
What's new: Freederm Deep Pore Cleansing Wipes are launching this month
www.freederm.co.uk

Format/pack size: 25
Pip code: 356-7666
RRP: £3.99

Case study

SHAFTESBURY PHARMACY, HARROW
LILA THAKERAR
The contractor shares her experience of boosting sales in women's health

When we recently increased the size of our pharmacy by four times its original size to about 3,000 square feet, we established a pregnancy testing room away from the front of shop.

The idea was to give a clinical feel so that we could take urine samples away from the rest of the premises.

Women can complete the necessary paperwork and wait for the results of their sample in privacy. We then talk to them about the results of their tests in a sensitive way and in a professional environment.

We also have a consulting room where we can assess women's inquiries about such sensitive issues as thrush. We set up this room as we know that privacy is a big issue for women – we regularly carry out customer surveys that show women value a private place to discuss healthcare issues.

We've also completely re-arranged the layout of our women's section. We've arranged our displays to avoid embarrassment for women so that they can walk directly towards their options and pick up a product.

Personal hygiene, menstruation and sanitary protection are in a centre aisle where women can easily identify these products, while pregnancy and ovulation testing are under the till so people can easily find them.

As a regular writer about the menopause, I leave laminated copies of my articles on display in the window notice board for people to read, and I also leave copies out in my consulting room so that customers know what products are available.

These days women put more emphasis on looking after themselves, and since the new pharmacy contract, we need to have a more clinical outlook and must ensure we provide our female customers with a professional service.

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on women's health	
REFLECT	Are my patients getting the most out of women's health products?
PLAN	Review my and my staff's knowledge and sales protocols
ACT	Read this article, revise women's health topics such as cystitis, review available products and arrange training if necessary
EVALUATE	Do my patients get better advice on managing women's health issues?

Clearblue Digital Pregnancy Test with Conception Indicator

Manufacturer: P&G
Classification: GSL
For: pregnancy testing
USP: Clearblue says this product remains the only home pregnancy test capable of both telling a woman if she is pregnant and indicating when she conceived
Ceuta Healthcare
Tel: 01202 780558

Format/pack size: 15ml

For Pip code and RRP, please see C+D Monthly Price List or www.cddata.co.uk

Antistax Healthy Leg Capsules

Manufacturer: Boehringer Ingelheim
For: avoiding tired, heavy and achy legs
Active ingredients: Flaven, a red grape vine leaf extract
USP: Clinically proven to help avoid swelling of the lower legs and feet when taken for four to six weeks
www.antistax.co.uk

Format/pack size: 50/100

Pip codes: 276-6558 (50); 289-6918 (100)

RRP: £7.99; £14.99

Canesten anti-fungal range

Manufacturer: Bayer
For: anti-fungal treatment
What's new: packaging redesigns on-shelf from last month, including an updated logo for consistency and greater shelf stand-out
www.canesten.co.uk
Ceuta Healthcare
Tel: 01202 780558

For formats, pack sizes, Pip codes and RRPs, please see C+D Monthly Price List or www.cddata.co.uk

First Response Early Results Pregnancy Test

Manufacturer: Church & Dwight UK
Classification: GSL
For: At-home pregnancy testing
Mode of action: Detects the pregnancy hormone HCG in urine.
The company says it can detect a pregnancy six days before a missed period, unlike any other tests, including digitals
What's new: Church & Dwight UK is launching a brand new advertising campaign this autumn, featuring the Early Results Pregnancy Test. The campaign will: run across major music radio networks from September to October; appear in leading women and mother and baby titles from August to November; be supported by a campaign on Facebook
www.tellsyoufirst.co.uk, tel: 01303 858821

Format/pack size: single/double

Pip codes: 010-3283 (single); 017-2098 (double)

RRP: £7.75; £9.75

What are the best-selling women's health brands?

Answers online at www.chemistanddruggist.co.uk

C+D Senate

The new community pharmacy think-tank

TOPIC: **Forging a partnership with big pharma**

Stock shortages and supply deals have affected relationships with drugs firms. The C+D Senate investigates what a more dynamic relationship could deliver. **Max Gosney** reports

Pfizer's Steve Poulton: "We don't want big pharma to become the last funding resort for pharmacy"

THE C+D SENATE
IN ASSOCIATION WITH actavis

The Senators

Angela Chalmers
Pharmacist, Boots
Debby Crockford
Area manager, Rowlands Pharmacy
Hilary D'Cruz
Partner, Ansons Solicitors
Andrew Derham
Commercial and supply chain manager, AstraZeneca
Ian Facer
Chairman, NPA
Keith Howell
Pharmacy manager, Delmergate Pharmacy, Kent
Peter Kelly
National sales manager, Actavis
Mark Koziol
Chairman, Pharmacists' Defence Association
Nick Lowen
Director of commercial operations, GlaxoSmithKline
Gary Paragpuri
Editor, C+D
Steve Poulton
Director of commercial operations, Pfizer
David Reissner
Partner and head of healthcare, Charles Russell

It might not have been plain sailing so far but big pharma and pharmacy can make a happy couple. That was the heartfelt sentiment after candid dialogue between the two sides at the C+D Senate.

Both pharma firms and pharmacists admitted to past mistakes and accepted they'd not always communicated with each other properly. But despite their differences both are determined to make it work.

Manufacturers view pharmacists as key to their goal of ensuring patients get the best out of their products, says Senator Steve Poulton, Pfizer commercial director. "One of the things we recognise is that where pharmacy can provide a route to better use of the medicine then we should definitely support that."

Mr Poulton cites Pfizer's pharmacy-led vascular health checks as an example. "We've been talking to PCTs, saying this is something you should be commissioning and we believe pharmacy should be the vehicle."

Improving medicines compliance is a huge opportunity for partnership, says Senator Nick Lowen, director of commercial operations at GSK. "Better use of medicines is going to be key to what the NHS wants to achieve." GSK has looked to help pharmacists fine tune MURs around the disease areas that are key to its medicine portfolio, like asthma, Mr Lowen explains. The pharma company has provided training support and practical tools around the condition, he says.

Yet experiences of working with big pharma are not always rosy. "I had discussions with one large company in my LPC," reflects Senator Ian Facer, NPA chairman and independent pharmacy owner. "But that hasn't really borne fruit. The problem we had in realising that was around funding and how it was commissioned." Overall, the relationship between big pharma and pharmacy remains fitful, the NPA chair reflects.

Stock shortages haven't helped, warns Senator Debby Crockford, area manger for Rowlands Pharmacy. "There's a lot of anger in some areas over shortages. Those poor guys at the coal face have to deal with the patients who don't understand why they can't get hold of a medicine."

Another flashpoint has been bespoke manufacturers' supply deals. These have been blamed for a rise in paperwork among pharmacists. Yet many drugs firms say the schemes were driven by a desire to get closer to pharmacy customers. So what's happened to achieve that? "It's interesting because it takes two to get closer," Mr Poulton reflects. "We don't want big pharma to become the last funding resort for pharmacy."

Mr Poulton cites projects with national chains like Rowlands and independent pharmacy operators as evidence of success. "It comes down to having an adult-to-adult relationship between two commercial organisations," he says. "Have we been successful with every pharmacy in the UK? Absolutely not, but we're further down the road than three years ago."

Forming those thriving relationships could be as simple as getting together more often, Mr Poulton concludes. "You can't work together unless you get together." Forging closer links with LPCs could be a way to build bridges, says Ms Crockford.

AstraZeneca (AZ) has introduced pharmacy champions into its regional teams to build links, reveals Senator Andrew Derham, commercial and supply chain manager at AZ. As part of building stronger relationships, AZ has also held meetings with pharmacy, GPs and nurses, which Mr Derham adds, "have helped us to gain insight and have generated great engagement".

A more drastic step towards successful partnership may require a more fundamental change, according to Mark Koziol, PDA chairman. He suggests splitting the national pharmacy contract into two: one contract for dispensing and the other for providing clinical services. He says: "You could then create thousands of pharmacists whose eyes and ears are open to clinical services.

Watch the Senators speak out on building links with big pharma.
Video interviews at **www.chemistanddruggist.co.uk**

Pharma and pharmacy working in tandem

AstraZeneca's Making the Most of your Medicines (MMM) scheme
An own-brand MUR that paid pharmacists to perform reviews on patients taking key AZ drugs. The scheme was halted this March after two years, with high overheads and inconclusive results to blame, according to AZ's Andrew Derham. "We learned a lot from MMM. The scheme demonstrated improvements in some patients but also showed that the administrative burden for pharmacists in terms of training, paperwork and contracts, in addition to the patient consultations, can be a real challenge in a project like this." For the future, the challenge remains for pharmacy chains and manufacturers to simplify the process.

Pfizer's vascular health check programme
Pfizer has provided a complete kit for pharmacists to launch a health check service as part of the government's vascular screening service. Over 95 per cent of patients praised the pharmacy checks in a pilot of the scheme. The DH has also backed the scheme, yet Pfizer has struggled to get mass buy-in from PCTs due to the disruption caused by the white paper and trust's financial constraints, says Pfizer's Steve Poulton.

GSK's asthma MURs
A 2009 pilot in Hampshire and the Isle of Wight showed asthma sufferers improved their understanding and management of the condition after consultation with a pharmacist. Forty seven pharmacies took part and were provided with training and auditing support by GSK.

Rowlands' Debby Crockford: "Poor guys at the coalface have to deal with patients who can't get hold of a medicine"

PDA's Mark Koziol: split the contract into services and dispensing for a "huge, great, dirty, big win-win"

That's something pharma can engage with in enabling them to deliver... It's a huge, great, dirty, big win-win."

Yet some remain unconvinced that splitting pharmacists from medicine supply would be beneficial. Mr Facer says: "Once you split supply function from clinical elements you start to struggle. If you take that supply function away you have less opportunity to influence the clinical side of it."

There is a huge future in collaborative working with big pharma, the NPA chair says, and the two should focus on delivering the priorities set out by the government for the NHS. But with the white paper light on detail, deciphering what these are remains a guessing game, Mr Facer adds.

Until that clarity arrives there is much the two sides can get started on, says Mr Lowen. The government has been clear on its Quality, Innovation Productivity and Prevention (QIPP) agenda. For pharmacists that translates as adoption of treatment guidelines for asthma, and following up on patients with COPD.

But more must be done with the invaluable data that comes from MURs, say grassroots pharmacists. "When we do MURs we come out with some amazing stuff," says Senator Angela Chalmers, Boots branch manager. "I sometimes feel like my consultation room is a confession box. I can almost look at a patient and know the issues they'll encounter with a drug. Wouldn't it be wonderful if there was a feedback mechanism to share this with you?"

Achieve these closer lines of communication and the future is bright. The relationship with big pharma has had its rocky spells but, as Ms Chalmers concludes, it's a potentially unstoppable partnership. "GPs have been landed this job of GP commissioning and a lot of them don't know where to start. If pharmacists and drug companies work together, there's some direction. Otherwise where is pharmacy going to stand in the future when it comes to getting services?"

The Senate Ruling

1. **Big pharma and pharmacists have a common goal: getting patients to take medicines properly.**
2. **Open dialogue between both sides is needed. Communications are confused as big pharma faces a plethora of pharmacy bodies; industry representatives must give a more coherent message to drugs firms about what pharmacists can offer. Pharmacists want to see drugs firms attend LPC meetings.**
3. **Both sides must take a positive approach to partnerships. Big pharma should not be seen as a last resort for funding.**
4. **Big pharma and pharmacists must identify immediate opportunities for joint working around QIPP agenda.**
5. **Both sides should investigate how invaluable MUR data can be used to shape future service opportunities.**

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on working with big pharma to develop services

REFLECT	Do I work productively with manufacturers for the benefit of patients?
PLAN	Consider ways to build closer links with manufacturers, eg invite reps to your LPC meeting.
ACT	Implement your initiatives by discussing your ideas with reps and/or your managers.
EVALUATE	Have my relationships with manufacturers improved and have patients benefited?

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Postscript...

Buttercups Training hits the high seas

Buttercups Training has swapped dry land for a boat on the River Trent to raise more than £2,500 for charity.

Members of the Buttercups Training team took part in the Nottingham Riverside Festival Dragon Boat Challenge last month.

The team took the title of charity winners for raising the most money as well as the trophy for the best dressed team.

Money raised from the event will go to the Rainbow Hospice for Children and Young People in Loughborough.

Preparations for the race included male members of the Buttercups team waxing their legs to boost fundraising efforts.

They also joined their female team mates wearing bright yellow t-shirts and green tights.

Managing director of Buttercups Training Vanessa Kingsbury said: "We all had a fantastic day and we were delighted that we won all of our races despite some serious competition. We had tremendous support from our staff and friends and family who came along on the day and I would personally like to thank everyone for their efforts and achieving a great result."

C+D reader of the week

Meet Raj Patel, of Mount Elgon Pharmacy, and find out how he juggles pharmacy with cooking and playing his PSP.

What was the name of your first pet? Reggie, a silver shark.

What's the best thing about your day? Waking up in the morning with my girls, and looking forward to seeing them in the evening.

And what's the worst thing? Not having enough hours in the day to complete all my tasks... or time to play on my PSP!

What one thing about pharmacy would you change? I'd ensure access to patients' clinical records.

What is the biggest change in pharmacy since you qualified? Enhanced and advanced services.

What's the best dish you can cook? My girls call me Celebrity Masterchef – I seem to be a dab hand at everything. I just throw everything together and it always seems to work!

Who would play you in a movie about your life? Myself! I want to be a Bollywood superstar.

What should we ask the next interviewee? What is the craziest thing you have ever done?

Calling all pharmacists and technicians. We want you to be our reader of the week. Email us at postscript@chemistanddruggist.co.uk

The Victorian Pharmacist

"The decoction is so agreeable in taste, ladies take it willingly"

Sir,
I have recently come to benefit from the following medical gleanings, which have proven most efficacious. As such, I have therefore listed them below.

Ear ache can be resolved by the following simple method, which provides almost instant relief: put five drops of chloroform on a little cotton or wool in the bowl of a clay pipe, then blow the vapour through the stem into the aching ear.

I heartily recommend the following decoction as a laxative: a tablespoon of a mixture of equal parts, by weight, of senna leaves, frangula bark, and liquorice root, boiled for ten minutes in a pint of water. One half is drunk in the morning, the other half at night.

The decoction is to be recommended as a "Spring Physic", as it can be taken daily for weeks together, is not open to the objection of distending the intestine with gases (like mineral waters), and is so agreeable in taste ladies take it willingly.

And according to Dr J. R. Irwin, in the North Carolina Medical Journal, one of the best and most pleasant things that can be used to relieve the most painful state of troubled dental nerves is the chewing of cinnamon bark. This destroys the sensibility of the nerves and suspends the pain immediately, if the bark is of good quality. After repeated trials, it is as efficacious, and not attended with the unpleasant consequences of, creosote and carbolic acid. These may relieve pain, but leave the mouth as sore and as painful as the tooth was previously – though usually due to carelessness of use.

The Victorian pharmacist's medical suggestions obviously shouldn't be taken seriously – they came from a round-up of medical journals published in C+D in November 1884. Have you ever used a remedy that would be chuckled at now? Let the Victorian pharmacist know: postscript@chemistanddruggist.co.uk

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NEC Birmingham 10-11 October 2010

Andrew Lansley's NHS white paper will have far reaching implications for employers, employees and locum pharmacists alike. At the C+D Keynote Conference, the sector's leading thinkers will cut through the jargon and explain what you need to do to steer a path to a more rewarding future.

Speakers include:

Alan Milburn
Former Health Secretary
What the white paper means to NHS services

Helen Gordon
Chief Executive
RPSGB
Five challenges facing pharmacists

Sue Sharpe
Chief Executive
PSNC
Pharmacy contract: the next steps

Kenny Black
Managing Director
Rowlands Pharmacy
Delivering a new retail vision

Michael Cann
Chairman
BGMA
Making the most from generics

Duncan Rudkin
Chief Executive
The GPhC
Life under the new regulator

Julie Wood
Director
PBC Federation
Winning over commissioners

David Reissner
Lawyer
Charles Russell
Steering clear of disciplinaries

Andy Murdock
Pharmacy Director
Lloydspharmacy
A multiple's view of the new look NHS

Mark James
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Got a question for any of the speakers? Email it to haveyoursay@chemistanddruggist.co.uk

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References: 1. Hjalmarson A, et al. Arch Intern Med. 1997; 157: 1721–1728. **2.** Leischow SJ, et al. Am J Health Behav 1996; 20(5): 364-371.

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